

CUSTOMER PROBLEM ANALYSIS CHECK

Supplemental Restraint System Check Sheet		Inspector's Name	
Customer's Name		VIN	
		Production Date	
		Licence Plate No.	
Date Vehicle Brought In		Odometer Reading	km Miles

Date Problem Occurred	
Weather	<input type="checkbox"/> Fine <input type="checkbox"/> Cloudy <input type="checkbox"/> Rainy <input type="checkbox"/> Snowy <input type="checkbox"/> Other
Temperature	Approx.

Vehicle Operation	<input type="checkbox"/> Starting <input type="checkbox"/> Idling <input type="checkbox"/> Driving [<input type="checkbox"/> Constant speed <input type="checkbox"/> Acceleration <input type="checkbox"/> Deceleration <div style="text-align: right;"><input type="checkbox"/> Other]</div>
Road Condition	
Details of Problem	

Vehicle Inspection, and Repair History Prior to Occurrence of Malfunction (Including Supplemental Restraint System)	
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Diagnostic System Inspection

SRS Warning Light Inspection	1st Time	<input type="checkbox"/> Remains on <input type="checkbox"/> Sometimes comes on <input type="checkbox"/> Does not come on
	2nd Time	<input type="checkbox"/> Remains on <input type="checkbox"/> Sometimes comes on <input type="checkbox"/> Does not come on
DTC Inspection	1st Time	<input type="checkbox"/> Normal System Code <input type="checkbox"/> Trouble Code [Code.]
	2nd Time	<input type="checkbox"/> Normal System Code <input type="checkbox"/> Trouble Code [Code.]